



Unopposed Application for Extension of Time to Answer Complaint

Attach this form to the *Application for Extension of Time to Answer Complaint* event.

CASE AND DEADLINE INFORMATION

Civil Action No.:

Name of party you are representing:

Is this the first application for extension of time in this case?

Yes

No

If no, please indicate which application this represents:

Second

Third

Other _____

Date of Service of Summons:

Number of days requested: 30 days

15 days

Other _____ days

New Deadline Date: *(Required)*

ATTORNEY FILING APPLICATION INFORMATION

Full Name:

State Bar No.:

Firm Name:

Address:

Phone:

Fax:

Email:

A certificate of conference does not need to be filed with this unopposed application.